

**Provider Inspection Summary**

For the period 05/01/2003 to 04/30/2006  
Residential Care Apartment Complex  
CERTIFIED

**Facility Information**

**Facility Name:** ST CLARE TERRACE (0010944)

**Address:** 3553 S 41ST ST, MILWAUKEE, WI 53221

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/05/2003

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0094669      **End Date:** 02/16/2005      **Type:** OTHER      **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009074    Served 04/06/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION		
89.23(3)(d)	SERVICES		
89.28(2)(a)1	RISK AGREEMENT		
89.29(3)(c)1.a	ADMISSION & RETENTION OF TENANTS		

**Survey ID:** 0094668      **End Date:** 08/26/2004      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10009021    Served 10/06/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
89.23(2)(a)2.c	SERVICES		
89.23(4)(a)2	SERVICES		

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

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**Enforcement History**

**Date:** 03/15/2005      **SOD #**10009074      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
PROVIDE TRAINING  
FORFEITURE---89.23(3)(d)  
FORFEITURE---89.28(2)(a)  
FORFEITURE---89.29(3)1.a

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**Complaint History**

**Date Complaint Received: 09/30/2004**

**Date Investigation Completed: 02/16/2005**

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

Result

SUBSTANTIATED

SOD #

10009074

**Date Complaint Received: 03/05/2004**

**Date Investigation Completed: 08/26/2004**

Subject Area(s)

MEDICATIONS

Result

SUBSTANTIATED

SOD #

10009021

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